

# AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE



These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

#### **Grants**

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

### **Applications Pending**

The New England states (with Massachusetts as the lead state) filed an application on December 22, 2010 to receive an "Early Innovator" grant under §1311 of the ACA. The "Cooperative Agreements to Support Innovative Exchange Information Technology Systems" grants fund design and implementation of the Information Technology infrastructure needed to operate Exchanges. OCIIO is expected to award up to 5 two-year grants, with funding based on the proposals. The grant narrative can be viewed on our website at mass.gov/nationalhealthreform under the Grants section.

## **Grant Activity**

DPH was awarded a 5 year grant of \$ 1,960,128, "Strengthening Public Health Infrastructure to Improve Health Outcomes" under §4002 of the ACA on September 21, 2010 to 1) improve managerial and evaluation effectiveness within DPH and prepare for national accreditation as a public health agency and 2) enable DPH to work more effectively with local boards of health to improve health outcomes throughout the state. On December 28, 2010 **DPH posted an RFR on Comm-Pass** seeking planning grant proposals from groups of municipalities who seek to form **public health districts**. DPH will host **four bidder's conferences** across the state from 1/10- 1/13 to answer questions about the Grant Program. Information about the meetings and the RFR can be viewed on our website at <a href="mass.gov/nationalhealthreform">mass.gov/nationalhealthreform</a> under the Stakeholder section.

#### Guidance

**12/30** CMS announced the creation of a **new federal office to coordinate care for duals** authorized under §2602 of the ACA- the new Federal Coordinated Health Care Office (CHCO). The new CHCO will focus on: fostering overall improvements in the quality of healthcare and long-term services for duals; simplifying processes for dual eligible individuals to access items and services available to them; increasing dual eligible individuals' understanding of and satisfaction with coverage under the Medicare and Medicaid programs; eliminating regulatory conflicts between rules under the Medicare and Medicaid programs; and improving coordination between the federal government and the states. The CHCO will be led by Melanie Bella, who was previously senior vice president for policy and operations at the Center for Health Care Strategies. The Federal Register notice containing information regarding the new office can be viewed at <a href="http://edocket.access.gpo.gov/2010/pdf/2010-32957.pdf">http://edocket.access.gpo.gov/2010/pdf/2010-32957.pdf</a>.

**12/30** As required by §2701 of the ACA, HHS published an **initial core set of health quality measures recommended for Medicaid-eligible adults** for voluntary use by state Medicaid programs, health insurers and providers. Comments are due by 3/1/11 regarding the initial measures, on facilitating the use of the measures by states and on identifying priority areas for measure enhancement and development. The Federal Register notice can be viewed at <a href="http://edocket.access.gpo.gov/2010/pdf/2010-32978.pdf">http://edocket.access.gpo.gov/2010/pdf/2010-32978.pdf</a>.

**12/30** OCIIO/ HHS published a correction to the interim final rule regarding the Medical Loss Ratio (MLR) requirements for health insurance issuers under the ACA. This document corrects technical errors that appeared in the interim final rule with request for comments that appeared in the 12/1/10 Federal Register entitled "Health Insurance Issuers Implementing Medical Loss Ratio (MLR) Requirements Under the Patient Protection and Affordable Care Act." The corrections are effective 1/1/11. For more information please see the 12/3010 Federal Register at <a href="http://edocket.access.gpo.gov/2010/pdf/2010-32526.pdf">http://edocket.access.gpo.gov/2010/pdf/2010-32526.pdf</a>.

**12/28** OCIIO/ HHS announced a **public meeting scheduled for 1/3/11 of an OCIIO advisory committee** tasked with assisting and advising the Secretary and Congress on strategy to foster the creation of qualified nonprofit health insurance issuers. Specifically, the Committee will advise the Secretary and Congress about the awarding of grants and loans related to §1322 of the ACA. The deadline for meeting registration, presentations and comments is 1/6/11. Instructions for registration, participating in the meeting via Internet and phone, and submitting written comments can be found in the Federal Register notice at <a href="http://edocket.access.gpo.gov/2010/pdf/2010-32649.pdf">http://edocket.access.gpo.gov/2010/pdf/2010-32649.pdf</a>. Background materials will be posted on OCIIO's website <a href="http://www.hhs.gov/ociio/">http://www.hhs.gov/ociio/</a>.

**12/28** IRS, Department of the Treasury; Employee Benefits Security Administration, Department of Labor; and OCIIO, HHS are requesting information on how group health plans and health insurance issuers can employ value-based insurance design in the coverage of **recommended preventive services.** §1001 of the ACA. Comments are due by 2/28/11. The Federal Register notice can be viewed at <a href="http://edocket.access.gpo.gov/2010/pdf/2010-32612.pdf">http://edocket.access.gpo.gov/2010/pdf/2010-32612.pdf</a>.

**12/27** CMS requests comments on the provisions of the ACA, §6411, 6411(b), that require the **expansion of the Recovery Audit Contractor (RAC) Program** to the Medicare Part C and D programs. Comments are due by 2/25/11. The Federal Register notice can be viewed at <a href="http://edocket.access.gpo.gov/2010/pdf/2010-32498.pdf">http://edocket.access.gpo.gov/2010/pdf/2010-32498.pdf</a>.

**12/20** CMS contracted with Mathematica Policy Research and the National Committee for Quality Assurance (NCQA) to develop and test **quality of care measures** for psychiatric

hospitals and psychiatric units. The purpose of the project is to develop measures that can be used to promote quality care to Medicare beneficiaries in accordance with the ACA. The ACA requires that psychiatric hospitals and psychiatric units submit data for quality measures for rate year 2014 and each subsequent year, and that these measures are to be specified and published no later than 10/1/12. CMS is seeking candidate measures, which can be submitted at CMS Call For Measures by COB 1/3/11. CMS is also seeking nominations for members for a Technical Expert Panel (TEP) who will evaluate potential measures for psychiatric hospitals and psychiatric units. Nominations for TEP members can be submitted at Technical Expert Panels by COB 1/3/11.

Note that the guidance listed in this section dates back to December 20, 2010. Prior guidance can be viewed at <a href="https://www.healthcare.gov">www.healthcare.gov</a>.

## **Upcoming Events**

#### **Next Quarterly Stakeholder Meeting**

Patient Protection and Affordable Care Act Implementation meeting Wednesday March 2, 2011 from 3:00-4:00 P.M.

1 Ashburton Place, 21st floor, Boston